

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L26052 (5)
 1. Corporation Name
AMIGOS ENTERPRISES OF ORLANDO, INC.

Principal Place of Business 5801 DAHLIA DR ORLANDO FL 32807 US	Mailing Address P O BOX 574927 ORLANDO FL 32857 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/30/1989	
21	22	23	24	25	26
Suite, Apt. #, etc.		City & State		Zip	
27		28		29	
Suite, Apt. #, etc.		City & State		Country	
21		22		23	
FEI Number 59-2975048		Applied For		Not Applicable	
24		25		26	
Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
27		28		29	
City & State		City & State		Country	
21		22		23	
Zip		Country		Zip	
24		25		26	
Country		Country		Country	

9. Name and Address of Current Registered Agent NEGRON, ISRAEL 5801 DAHLIA DRIVE ORLANDO FL 32807				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
					FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEGRON, ISRAEL	1.2 NAME	
STREET ADDRESS	1500 S. SEMORAN BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, EVARISTO	2.2 NAME	
STREET ADDRESS	1500 S. SEMORAN BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOMEZ, LUIS F.	3.2 NAME	900002473189
STREET ADDRESS	1500 S. SEMORAN BLVD.	3.3 STREET ADDRESS	-03/31/98--01026--015
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	***50.00
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	900002473189
STREET ADDRESS		4.3 STREET ADDRESS	-03/31/98--01026--016
CITY-ST-ZIP		4.4 CITY-ST-ZIP	***50.00
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	900002473189
STREET ADDRESS		5.3 STREET ADDRESS	-03/31/98--01026--017
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***50.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	PE
STREET ADDRESS		6.3 STREET ADDRESS	3-30
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3/9/98** **407-277-2888**

CF2E034 (10/97)